PEDIATRICS.

UNDER THE CHARGE OF

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Tuberculin Reaction, with Special Reference to the Auricular Reaction.—V. Tedeschi (*Archiv f. Kinderheilk.*, 1909, xlix, 190), writing under this title, states that the activity of the tuberculin is of more importance in the production of the specific tuberculin reaction than is usually believed; it is well known that the tuberculins are not identical, that they are not prepared in the same manner, that they do not produce reactions over the same periods of time, and that they are not equally active in the same degree of solubility. Of further importance in the tuberculin reaction are the age of the patient, the different types of tuberculosis, and the various intercurrent diseases, since even some of the tuberculous changes themselves have an influence on the intensity and appearance of the reaction. Another point of importance is whether the tuberculin is of animal or human origin. Using both simultaneously on the same patient, it has frequently occurred that one produces a positive, the other a negative reaction. Tedeschi, therefore, advises the employment of both types of tuberculin simultaneously, and considers it of paramount importance to improve the technique of the reaction. Calmette's procedure he considers too dangerous and too uncertain on account of the hyperemic state of most eyelids in lymphatic children. He prefers v. Pirquet's method, modifying it to some extent. He injects very minute, carefully measured quantities of tuberculin beneath the skin. While this improves the certainty of the results considerably, the looseness of the subcutaneous tissues makes the recognition of indurations difficult, especially if they are but slight. Various parts of the body were tried, the auricular tissues giving the best results, because of the density of the underlying structures and their vascularity. Tedeschi sums up his results as follows: The auricular reaction is as devoid of danger as the dermal reaction; it possesses fewer sources of error than the other methods, particularly the ocular reaction. It is preferable to the ordinary dermal reaction as the consequences of either too deep or too superficial incisions are prevented. The deeper infiltration is more easily made out than in other methods on account of the transparency of the structures, and is more evident to the touch on account of the cartilaginous base. The reaction is more accurate; it permits the measurement and judgment of the employed fluid, particularly in reference to the comparative quantities of tuberculin, and the weight and age of the patient.

Sulphur Water Cures in Children.—O. Heubner (*Therap. Monats.*, 1908, xxii, 605) sees no reason why children should not be permitted to drink mineral waters as well as adults, and particularly recommends sulphur water in the form of drink, gargle, or inhalation for the chronic pharyngeal catarrhs of children. Such catarrhs, whether caused by adenoids, enlarged tonsils, or other conditions, are associated with loss of appetite, constipation, anemia, frequent vomiting, etc. The latter occurs in most instances during the process of eating. The teeth are usually carious, and the throat and back part of the tongue are covered with foul-smelling exudate, which does not yield to any of the treatments usually ordered for it. He advises sulphur water for these catarrhs, and says he has had excellent results. He orders a wineglassful at waking, a second one a half-hour later, and another during the evening hours; it is used cool, as its taste is then less objectionable. Adenoid growths must be removed to get the best results. The use of sulphur water has never been followed by bad consequences.

Experiments with Albulactin in Artificially Fed Children.—Albulactin is the albumin of cow's milk; it is of a pure white color and is readily soluble in water. If hydrochloric acid is added to ordinary diluted milk, a coarsely granular precipitate forms, which makes a firm deposit within a short time; if the acid is added to a 1 per cent. solution of albulactin, a finely granular precipitate is produced, just as in mother's milk; it remains so throughout digestion. J. CASSELL and H. KAMMITZER (*Archiv f. Kinderheilk.*, 1909, xlix, 168) added albulactin to the food of a number of children, most of whom were in good health, but somewhat poorly nourished; a few of the children were suffering from different diseases. The albulactin was dissolved in their food, and no difficulty was observed in feeding the children. In a number of instances the food was again withdrawn after a varying period of time and tested for reaction, free and combined acids. The results were equally good in the normal and the sick children. The general state of health always improved, even in the badly nourished infants; there was never any vomiting or diarrhœa, nor did the urine ever contain albumin. The motor function of the stomach remained good with albulactin in all cases but one, in which dyspepsia resulted, due to a concentrated state of the cow's milk given the baby. The amount of free hydrochloric acid was normal in 5 of the 7 instances in which it was tested. The stomach contents removed in cases in which albulactin was added consisted of fine granules; the infant's stomach is more tolerant of these, and they distribute themselves better than the tough, coarse masses present when albulactin was not used. The weight of the children improved splendidly and the albulactin children had a better and rosier appearance than the others, their flesh becoming much firmer under its use.

Scarlet Fever Carriers.—C. HERRMAN (*Archives of Pediatrics*, 1909, xxvi, 112) believes that desquamation is an unimportant factor in the spread of scarlet fever. He has often seen desquamating children play with other children, who did not contract the disease. Infected rooms are much more commonly at the bottom of furthering the disease. Another factor is the throat of an individual not really ill with the disease, but acting as host to the microörganisms. The most important cause, however, lies with the patients themselves, who may retain the causal agent for a long time (even months) in the secretions and discharges of the nose, mouth, ear, etc. From 30 to 50 per cent. of convalescing scarlet fever patients have discharging noses and ears. Mild scarlet fever cases are often not diagnosticated, but may still act as scarlet fever carriers through the discharges mentioned. Isolation should be strictly enforced during an epidemic, and the children of a family having a scarlet fever patient should not be permitted to attend school. Nasal and oral hygiene should be enforced; adenoids, tonsils, and carious teeth removed or treated. Disinfection of the premises after scarlet fever should never be neglected.

The Therapeutic Use of Tuberculin in the Tuberculosis of Children.—A. SCHLOSSMANN (*Deut. med. Woch.*, 1909, xxxv, 289) has employed tuberculin in the treatment of a small number of tuberculous children. He states that tuberculin is a specific agent in the tuberculosis of children; it favors complete cures. Only when large doses are employed will the organism of the tuberculous child react to the drug by formation of antibodies. In beginning treatment with tuberculin he first endeavors to make the organism tolerant against the drug (period of small doses); during the longer period of treatment with larger doses in appropriate intervals the formation of antibodies should be assisted and made permanent. Ill results due to the tuberculin during the period of treatment with large doses were not observed.

Scarlet Fever following a Wound in the Foot.—F. VAN DER BOGERT (*Archives of Pediatrics*, 1909, xxvi, 126) reports the case of a boy, aged five years, who stepped on a "rusty" nail. After two weeks the wound had healed and the boy was again running around barefoot. On the sixteenth day the site of the injury was again inflamed; the inguinal glands of the corresponding side were inflamed, large, and painful. Within two days he developed a typical scarlet fever rash, a strawberry tongue, a typical angina, cultures from which showed no diphtheria organisms. The opposite inguinal glands were also enlarged by this time and the boy's temperature reached 104°. Albuminuria developed and epistaxis was noted several times. The wound in the foot broke down and pus from it contained a pure culture of streptococci, as did also the throat. The desquamation was typical. A younger sister also developed scarlet fever. The author believes that the scarlet fever virus entered the wound between the fourteenth and sixteenth day after the injury, during the time when the boy again walked barefoot. The incubation period was probably two to four days.

OBSTETRICS.

UNDER THE CHARGE OF

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The Surgical Treatment of the Umbilical Cord.—BALLANTYNE (*Brit. Med. Jour.*, April 17, 1909) draws attention to the risks of infection at the umbilicus in cases treated by the ordinary method of ligating